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Letters to the Editor

Total laparoscopic hysterectomy versus abdominal hysterectomy with lymphadenectomy for early-stage endometrial cancer: A prospective randomized study

To the editor,

With great interest we read the article by Malzoni et al. [1] concerning laparoscopic versus open approach in patients with early-stage endometrial cancer. We would like to make a few comments.

It can be concluded from literature that the potential health gain of performing a laparoscopic hysterectomy instead of an abdominal hysterectomy in patients with early stage endometrial cancer is related to morbidity. The gain is expected in lowered major complication rate, shorter hospital stay, less pain and quicker return to activities in daily life. The rate and patterns of recurrence are similar between both procedures in these patients, as reported in several retrospective and prospective studies. Therefore, because morbidity is the most important effect parameter, morbidity rate should be the main outcome parameter in a study concerning laparoscopic versus the open approach. However, Malzoni et al. [1] did not clearly define the outcome parameters of their study.

Because neither formal power-analysis nor a statistical testing was performed regarding the difference in number of complications between both arms, we believe that no definitive conclusion on the safety of laparoscopy as compared to laparotomy can be drawn from this study. Malzoni et al. [1] focus their analysis on survival as main outcome, again however, without a power analysis and statistical testing.

When it comes to survival we believe that this study design is not suitable to draw conclusions about survival as the study has not enough power. The authors knew this already by clarifying; "GOG lap-2 trial enrolled a sufficient high number of patients to determine a prognostic impact of the surgical management on the prognosis of patients with endometrial cancer".

When it comes to morbidity, a multi center randomized trial is currently ongoing in the Netherlands and this study is powered to test a difference in morbidity rate between total laparoscopic hysterectomy and total abdominal hysterectomy in patients with early stage endometrial cancer.

Conflict of interest statement

The authors declare that there are no conflicts of interest.

Reference

- [1] Malzoni M, Tinelli R, Cosentino F, Perone C, Rasile M, Iuzzolino D, et al. Total laparoscopic hysterectomy versus abdominal hysterectomy with lymphadenectomy for early-stage endometrial cancer: a prospective randomized study. *Gynecol Oncol* 2009 Jan;112(1):126–33.

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Total laparoscopic hysterectomy versus abdominal hysterectomy with lymphadenectomy for early-stage endometrial cancer: A prospective randomized study

To the editor,

We have read the letter from Dr Bijen. We thank her for her in-depth study of our article. In our department a very high number of patients specifically come to our institution self-referred requesting a laparoscopic (LPS) approach for endometrial cancer.

In the recent years, surgeons have started to perform hysterectomy and bilateral salpingo-oophorectomy with pelvic and/or para-aortic lymph node dissection using a totally LPS approach and concluded, as others, that this technique offers many advantages compared to the open approach [1] primarily considering the decreased hospital charges and shorter hospital stay as the main benefit [2]; postoperative complications after LPS treatment are reduced or similar [3], likely related to the LPS expertise of the operating surgeons and the patient's co-morbidities.

The aim of our prospective randomized study was to compare in a series of 159 patients with clinical stage I endometrial cancer (disease limited to the uterine corpus) the safety, morbidity and survival rate of total laparoscopic (LPS) hysterectomy and abdominal (LPT) hysterectomy with lymphadenectomy.

We observed that LPS treatment of patients with early-stage endometrial cancer was characterized by a significantly shorter operative time, with lower blood loss and haemoglobin decrease, as well as a shorter postoperative hospitalization.

Bijen et al. observed that neither formal power-analysis nor a statistical testing was performed regarding the difference in number of complications between both arms and that no definitive conclusion on the safety of LPS as compared to LPT can be drawn from this study.

We reported a very low rate of intra-operative and post-operative complications after LPS that appeared acceptable and not more than what is traditionally expected with the open approach.

In fact, 2 cases of bladder injury occurred in the LPT group and 1 case in the LPS group that was sutured laparoscopically; one case of moderate subcutaneous emphysema occurred at the time of pneumoperitoneum